



IN THE US PATENT OFFICE

EXAMINER - Mackowey

GROUP - 2623

SN - 09/973148

FILED - 10/8/01

BY - Ogino

SIRS:

Responsive to the OA of 4/29/05, please amend the above as follows:

Claims 1-60, previously cancelled, as per the attached appendix.

Claims 61,68,75 and 82 amend as shown in the attached appendix.

Claims 76-81,83 and 84, cancel without prejudice as shown in the attached appendix.

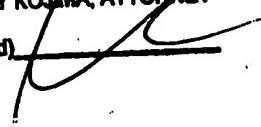
REMARKS

Claims 61-75 and 82 are in the application. The remaining claims have been cancelled to expedite prosecution.

Main claims 61, 68 and 75, were previously allowed. These have been amended by changing the word "enhancing" to --- maintaining--- to avoid the Examiner's Sec. 112 objection to such wording. With such amendment, it is believed that the Section 112 objection has been overcome, and these claims are now in condition for allowance. Subclaims 62-67, 69-74 are depended from claims 61 and 68 and hence are equally allowable.

Claim 82 has been amended to include all of the features of allowed claim 61 so that we can obtain coverage for a "recording

I hereby certify that the correspondence upon which this notice is placed is being deposited with the US Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Box 1450 Alexandria, VA 22313, or to US Trademark Office, 2900 Crystal Drive, Arlington, VA 22202, on the date set forth below. MOONRAY KOJIMA, ATTORNEY

Date 5/31/05 (signed) 

AMENDMENT AFTER FINAL

AP  
TJK



DOCKET NO. 0015208(145)  
IN THE US PATENT OFFICE

EXAMINER - Mackowey

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SN - 09/973,148

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BY - Ogino

SIRS:

Document on which fee is calculated:

Application  Amendment

Entity Status:  Non-small entity

Small Entity;  cert. filed herewith  Cert. filed priorly

#### APPLICATION

|   |    |          |
|---|----|----------|
| Basic Fee   | \$ | _____    |
| Main claims (-3) _____ x \$ _____   | =  | \$ _____ |
| Total Claims (-20) _____ x \$ _____   | =  | \$ _____ |
| Multiple Dep. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$ | _____    |
| TOTAL   | \$ | _____    |

#### AMENDMENT

|   | After<br>Amend. | Highest<br>Prior |                   |
|---|-----------------|------------------|-------------------|
| Basic Fee   |                 |                  | \$ 0              |
| (4) Main claims (-3)  | 1 (-) 4         | = 0              | x \$ _____ = \$ 0 |
| (16) Total Claims (-20)   | 0 (-) _____     | = 0              | x \$ _____ = \$ 0 |
| Multiple Dep. 1st time <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |                 |                  | \$ 0              |
|   |                 | DEFICIENCY       | \$ 0              |

FEE DUE \$ 0  Enclosed herewith by check

Charge to DA 11-1500, duplicate attached.

MOONRAY KOJIMA  
 BOX 627  
 WILLIAMSTOWN, MA 01267  
 Tel (413)458-2880

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Date 5/31/01 (Signed)

Respectfully,  
 M. KOJIMA